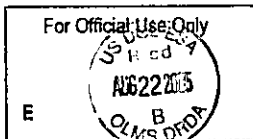


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -  12567	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name STEPHEN R SHOFSTALL  P.O. Box, Bldg., Room No., if any  Street 6433 GARDNER ROAD  City CHANDLER  State INDIANA ZIP Code + 4 47610	4. Name, file number, and address of labor organization.  Name IUPAT DISTRICT COUNCIL 91  Labor Organization File Number 542-404  P.O. Box, Building and Room Number, if any  Street 409 MILLNER INDUSTRIAL DRIVE  City EVANSVILLE  State INDIANA ZIP Code + 4 47710-2545
5. Position in labor organization.  BUSINESS MANAGER / SECRETARY-TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Stephen R Shofstall*

On

8-15-05

Date

812-962-9191

Telephone Number

Name of Person Filing **STEPHEN R SHOFASTALL**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PAINTERS LOCAL UNION 156**  
**HEALTH AND WELFARE FUND**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street **409 MILLNER INDUSTRIAL DRIVE**

City **EVANSVILLE**

State **INDIANA** ZIP Code + 4 **47710-2545**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **PAINTERS LOCAL UNION 156**  
**HEALTH AND WELFARE FUND**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street **409 MILLNER INDUSTRIAL DRIVE**

City **EVANSVILLE**

State **INDIANA** ZIP Code + 4 **47710-2545**

11.a. Nature of such dealing.

**LABOR ORGANIZATION TRUST FUND**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**MONTHLY TRUSTEE EXPENSE**  
**12 MONTHS @ \$45<sup>00</sup>**

12.b. Amount.

**\$ 540**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>STEPHEN R SHOFASTALL</b>	File Number U-
---	----------------

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>PAINTERS LOCAL UNION 156 JOINT APPRENTICESHIP &amp; TRAINING FUND</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>409 MILLNER INDUSTRIAL DRIVE</b></p> <p>City <b>EVANSVILLE</b></p> <p>State <b>INDIANA</b> ZIP Code + 4 <b>47710-2545</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
--	--

<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>PAINTERS LOCAL UNION 156 JOINT APPRENTICESHIP &amp; TRAINING FUND</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>409 MILLNER INDUSTRIAL DRIVE</b></p> <p>City <b>EVANSVILLE</b></p> <p>State <b>INDIANA</b> ZIP Code + 4 <b>47710-2545</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>LABOR ORGANIZATION TRUST FUND</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>MONTHLY TRUSTEE EXPENSE</b></p> <p><b>12 MONTHS @ \$35.00</b></p> <hr/> <p>12.b. Amount.</p> <p style="text-align: right;"><b>\$ 420</b></p>
--	---

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
---	---------------------------------

<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>
--	--------------------------------

Name of Person Filing **STEPHEN R SHOFSTALL**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **IUPAT JOINT APPRENTICESHIP AND TRAINING FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1750 NEW YORK AVENUE, NW**City **WASHINGTON**State **DC** ZIP Code + 4 **20006**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **IUPAT JOINT APPRENTICESHIP AND TRAINING FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1750 NEW YORK AVENUE, NW**City **WASHINGTON**State **DC** ZIP Code + 4 **20006**

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**DINNER - TO DISCUSS AND PROMOTE  
JOINT APPRENTICESHIP AND TRAINING  
FUND PROGRAMS IN THE CENTRAL  
REGION OF THE IUPAT  
8-20-04**

12.b. Amount.

**106.01**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.



*International Union of Painters and Allied Trades, AFL-CIO, CLC*  
*District Council 91*

409 Millner Industrial Drive • Evansville, Indiana 47710  
PHONE: 812-962-9191 • FAX: 812-425-4890

INDIANA • KENTUCKY • TENNESSEE

*Stephen R. Shofstall, Business Manager/Secretary-Treasurer*



August 15, 2005

**INDIANA**

PLU # 47 - INDIANAPOLIS  
317-546-5638  
◇  
PLU #80 - LAFAYETTE  
765-477-7848  
◇  
PLU #156 - EVANSVILLE  
812-425-4414  
◇  
PLU #197 - TERRE HAUTE  
812-232-1644  
◇  
PLU #460 - NW INDIANA  
219-947-0420  
◇  
PLU #469 - FORT WAYNE  
260-484-7924  
◇  
PLU #669 - ANDERSON  
765-378-5242  
◇  
PLU #1118 - SOUTH BEND  
574-287-8200  
◇  
GLU #1165 - IN, KY, IL

EVANSVILLE  
812-962-0652

FORT WAYNE  
260-484-7924

GARY  
219-947-0420

INDIANAPOLIS  
317-542-7617

SOUTH BEND  
574-287-8200

**KENTUCKY**

PLU # 118 - LOUISVILLE  
502-366-2233  
◇  
PLU # 500 - PADUCAH  
270-441-7697

**TENNESSEE**

PGLU # 456 - NASHVILLE  
615-255-7863

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

**RE: Form LM-30 (1/1/04 – 12/31/04)**

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,

Stephen R. Shofstall  
Business Manager/Secretary-Treasurer  
IUPAT District Council 91

CERTIFIED MAIL # 7002 2410 0002 0819 7629